STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004417	A. BUILDING: _____ B. WING _____	05/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERWALK COMMONS	7235 RIVERWALK WAY N NOBLESVILLE, IN 46062

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey Dates: May 20 and 21, 2015 Facility Number: 004417 Provider Number: 004417 AIM number: N/A Census Bed Type: Residential: 91 Total: 91 Census Payor Type: Medicaid: 0 Other: 91 Total: 91 Sample: 7 Riverwalk Commons was found to in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.	R 000		